



ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	U.B.	70205	3-19-99
O.I.P.E. CLASSIFIER		49	3/23/99
FORMALITY REVIEW	J.S.	69134	3-31-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral) ... Canceled A Appeal
+ Restricted O Objected

Claim	Date
Final Original	
1	151
2	152
3	153
4	154
5	155
6	156
7	157
8	158
9	159
10	160
11	161
12	162
13	163
14	164
15	165
16	166
17	167
18	168
19	169
20	170
21	171
22	172
23	173
24	174
25	175
26	176
27	177
28	178
29	179
30	180
31	181
32	182
33	183
34	184
35	185
36	186
37	187
38	188
39	189
40	190
41	191
42	192
43	193
44	194
45	195
46	196
47	197
48	198
49	199
50	200

Claim	Date
Final Original	
51	201
52	202
53	203
54	204
55	205
56	206
57	207
58	208
59	209
60	210
61	211
62	212
63	213
64	214
65	215
66	216
67	217
68	218
69	219
70	220
71	221
72	222
73	223
74	224
75	225
76	226
77	227
78	228
79	229
80	230
81	231
82	232
83	233
84	234
85	235
86	236
87	237
88	238
89	239
90	240
91	241
92	242
93	243
94	244
95	245
96	246
97	247
98	248
99	249
100	250

Claim	Date
Final Original	
101	251
102	252
103	253
104	254
105	255
106	256
107	257
108	258
109	259
110	260
111	261
112	262
113	263
114	264
115	265
116	266
117	267
118	268
119	269
120	270
121	271
122	272
123	273
124	274
125	275
126	276
127	277
128	278
129	279
130	280
131	281
132	282
133	283
134	284
135	285
136	286
137	287
138	288
139	289
140	290
141	291
142	292
143	293
144	294
145	295
146	296
147	297
148	298
149	299
150	300

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY